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	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER						
	TOTAL CLAIR	MS		(Column 2)			7	TYPE			OR SMA	SMALL ENTIT		
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_			SMALI	L ENTIT		ОТН	ER THAN	65. T.						
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is 'ess than 20, enter '20." TOTAL ADDIT. EEE										OR	+290≖			
۳,	the Highest Nom		TOTAL T. FEE	·	OR A	TOTAL DDIT. FEE]						
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